



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1189371
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1189371

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OSAGE Resources, LLC
Well Name	Osage 27-12R
Doc ID	1189371

Tops

Name	Top	Datum
Heebner Sh	4047	-2232
Douglas	4110	-2295
Lansing	4251	-2436
Kansas City	4336	-2521
Stark Shale	4606	-2791
Hushpuckney Sh	2656	-2841
Base of KC	2698	-2883
Marmaton	4752	-2937
Altamont	4770	-2955
Pawnee	4797	-2982
Fort Scott	4821	-3006
Cherokee Shale	4844	-3029
Mississippi	4893	-3.078
Compton	5170	-3355
Woodford	5195	-3380
Viola	5234	-3419
RTD	5385	-3570

Customer <i>OSAGE - BS</i>	Lease No.	Date <i>10-14-13</i>
Lease <i>OSAGE</i>	Well # <i>27-12R</i>	
Field Order # <i>7081</i>	Station <i>PRATT, KS</i>	Casing <i>8 7/8</i>
	Depth <i>1042'</i>	County <i>CARROLL</i>
Type Job <i>CNW 8 7/8 surface</i>	Formation	State <i>KS</i>
		Legal Description <i>27-33-15</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 7/8</i>								5 Min.
Depth <i>1042'</i>	Depth	From	To	Pre Pad	Max			10 Min.
Volume <i>42.5</i>	Volume	From	To	Pad	Min			15 Min.
Max Press <i>800</i>	Max Press	From	To	Frac	Avg			
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>414.47</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>					
Service Units	27900	33708	20920	70959	19914	19960	21010
Driver Names	<i>Collins</i>	<i>SACOB</i>	<i>Phyp</i>	<i>Jeffrey</i>			

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>10:30</i>					<i>on loc safety meeting</i>
					RECEIVED <i>RUN 24 STS 8 7/8 + 24 csg.</i>
					<i>LOST CIRC. BASKET SET INSIDE 13 3/8</i>
<i>12:10</i>					<i>CASING ON BOTTOM</i>
<i>12:15</i>					<i>Hook break circ.</i>
<i>12:35</i>			<i>3</i>	<i>3</i>	<i>SPACER</i>
			<i>16</i>	<i>4.5</i>	<i>MIX 150 ST A-CON w/ 3% cc 1/4 CT.</i>
			<i>43</i>		<i>min 200 st component 2% cc 1/4 CT</i>
					<i>cont mixed that down</i>
					<i>Return Phy</i>
				<i>5.5</i>	<i>st Disp</i>
<i>1:20</i>	<i>450</i>		<i>63.5</i>	<i>4</i>	<i>Plug down</i>
				<i>2</i>	<i>TOP off 100 w/ 150 st A-CON</i>
					<i>@ 14.5 ppm</i>
<i>1:45</i>			<i>20</i>		<i>CMT. STAT collar.</i>
			<i>20</i>		
					<i>JOB Complete</i>
					<i>Thank you</i>

Customer OSAGE Resources LLC	Lease No.	Date 10-20-13
Lease OSAGE	Well # 27-12R	
Field Order # 9220	Station Pratt	Casing 5 1/2
		Depth 5392.05
Type Job CON L.S.	Formation	County Baird
		State KS
		Legal Description 27-33-15

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid CMT 175 AA2	1/4" RATE	PRESS 290	ISIP Deformation	
Depth 5392.05	Depth	From	To	Pre Pad 10 to 50 ft	Max	5 ft	5 Min.	5 th silicate
Volume 128.3	Volume	From	To	Pad 50 60/40 Poz	Min	290 gal	10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection PC	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 5392.05	Packer Depth	From	To	Flush 127	Gas Volume		Total Load	

Customer Representative JEFF DAIK	Station Manager KEVIN GOLDIEY	Treater MIKE MATTAI
Service Units 37586	27463	19960 21010
Driver Names MATTAI	YOUNG	KEMMIL

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:45 PM					ON LOCATION / SARNY MEETING
11:15					RUN 5 1/2 15.5" CSNG
					CONTS. ON 3, 5, 7, 9, 11
1:20 AM					CSNG ON BOTTOM
1:25					HOOK UP TO CSNG / BRUSH CIRC W. RIG
					CIRC. FOR 1 hr
2:30	200		5	5	PUMP 5 BBL WATER
2:31	200		12	5	PUMP 12 BBL MUD FLUSH
2:34	200		5	5	PUMP 5 BBL WATER
2:35	200		42	4	MIX 175 SKS CMT
2:45					WASH PUMP + LINE, RELEASE PLUG
2:49	200			6	START KCL DISP.
3:00					
3:05	500/500		95	5	95 BBL OUT 5 BPM 500 PSI
3:09	800			4	115 BBL OUT 4 BPM 800 PSI
3:15 AM	1100/1000		127		PLUG DOWN / PSI TO 1500
					RELEASE, PLUG HOLD
3:20					MIX R.H., M.H.
					CIRC. TRIN JOB
					JOB COMPLETE
					THANK YOU
					MIKE MATTAI

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

February 24, 2014

Jeff Dale
OSAGE Resources, LLC
6209 N K61 HWY
HUTCHINSON, KS 67502-8608

Re: ACO-1
API 15-007-24095-00-00
Osage 27-12R
NE/4 Sec.27-33S-15W
Barber County, Kansas

Dear Jeff Dale:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/13/2013 and the ACO-1 was received on February 17, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department